

## MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

	CHECK NUMBER				
١	DATE RECEIVED	FEE SUBMITTED			

## FORM O - APPLICATION FOR LAND DISTURBANCE PERMIT (< 5 ACRES) UNDER MISSOURI CLEAN WATER LAW

FOR AGENCY USE ONLY

THIS FORM MUST BE SUBMITTED WITH THE PERMIT FEE (\$300 UPON APPROVAL BY THE DEPARTMENT, THIS FORM, ITS AT MO-R101, OR MO-R109 (WHICEVER IS APPROPRIATE) SHALL B	TACHMENTS, AND THE CO	ONDITIONS	OF GENERAL	PERMIT MO-R100A			
DESCRIBED BELOW.							
1.00 DATE LAND DISTURBANCE ACTIVITY IS TO BEGIN (MO/DAY/YEAR)							
2.00							
a. This facility is now in operation under Missouri Operating Permit Number (NPDES) MO							
b. This is a new permit: Missouri Operating Permit Number (NP	DES) MO						
3.00 OWNER							
NAME	EMAIL ADDRESS		PHONE				
			FAX				
ADDRESS STREET	CITY	STATE	<u> </u>	ZIP CODE			
4.00 FACILITY							
NAME							
ADDRESS STREET	CITY	STATE	<u> </u>	ZIP CODE			
ADDRESS	OHI	SIAIL	-	ZIF GODE			
5.00 CONTINUING AUTHORITY							
NAME			PHONE				
			FAX				
ADDRESS STREET	CITY	STATE		ZIP CODE			
6.00 FACILITY CONTACT							
NAME	TITLE		PHONE				
	EMAIL ADDRESS		FAX				
7.00 TOTAL AREA OF LAND TO BE DISTURBED (ACRES)							
8.00 WILL A SEDIMENT BASIN BE CONSTRUCTED?							
YES NO (SEE CONDITION 8.H. OF GENERAL PERM	IIT MO-R101)						
9.00 FOR EACH OUTFALL GIVE THE LEGAL DESCRIPTION (ATTACH ADDITI	ONAL SHEETS AS NECESSARY)						
Outfall Number 1/4 1/4 SecT R				County			
Outfall Number 1/4 1/4 SecT R							
Outfall Number 1/4 1/4 SecT R				County			
9.10 FOR EACH OUTFALL LIST THE NAME OF THE RECEIVING WATER							
Outfall Number	Receiving Water						
Outfall Number							
Outfall Number	Receiving Water						
I .							

9.20	BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS				
9.30	ATTACH A USGS 1" = 2000' SCALE MAP SHOWING THE LOCATION OF FACILITY; THE RECEIVING STREAM; THE POINTS OF DISCHARGE; AN	THE FACILITY IN RELATION TO THE LOCAL ROAD SYSTEM. INDICATE ON THE MAP THE D THE MAP SECTION, TOWNSHIP AND RANGE.			
10.00	A DEPARTMENT OF NATURAL RESOURCES-APPROVED EROSION CONTROL PLAN IS ADMINISTERED IN THE CITY OR THE UNINCORPORATED AREA OF THE COUNTY IN WHICH THE LAND DISTURBANCE IS OCCURRING.				
	□ YES □ NO				
	If yes, name of local authority				
	NOTE: A letter of approval or a copy of a permit from the local authority is required and <b>must be enclosed</b> for this permit to be issued.				
11.00	A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) MUST BE DEVELOPED FOR THIS SITE. THIS PLAN MUST BE DEVELOPED IN ACCORDANCE WITH REQUIREMENTS & GUIDELINES SPECIFIED WITHIN THE GENERAL PERMIT FOR STORM WATER DISCHARGES FROM LAND DISTURBANCE ACTIVITIES. THIS APPLICATION WILL BE CONSIDERED INCOMPLETE IF THE SWPPP HAS NOT BEEN DEVELOPED. PLEASE <b>DO NOT</b> ENCLOSE A COPY OF THE PLAN.				
	BY SIGNING THIS FORM, THE APPLICANT AGREES THAT A SWPPP HAS BEEN DEVELOPED FOR THIS ACTIVITY.				
12.00	O THE ACTIVITIES APPROVED UNDER THIS PERMIT MUST BE CONDUCTED IN ACCORDANCE WITH THE LOCAL EROSION CONTROL PLAN ADMINISTERED E THE LOCAL AUTHORITY IDENTIFIED ABOVE, IF APPLICABLE, AND IN ACCORDANCE WITH THE STORM WATER POLLUTION PREVENTION PLAN (SWPP DEVELOPED BY THE APPLICANT.				
13.00	AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURA	FORMATION CONTAINED IN THE APPLICATION, THAT TO THE BEST OF MY KNOWLEDGE ATE, AND BEING GRANTED THIS PERMIT, I AGREE TO ABIDE BY THE MISSOURI CLEAN NS, AND TERMS OF THIS PERMIT, SUBJECT TO ANY LEGITIMATE APPEAL AVAILABLE TO IISSOURI CLEAN WATER COMMISSION.			
NAME /	AND OFFICIAL TITLE OF APPLICANT	APPROVED: DEPARTMENT SIGNATOR (NAME/TITLE)			
TELEPI	HONE NUMBER	TELEPHONE NUMBER			
(	)	( )			
SIGNAT	TURE	SIGNATURE			
DATE S	SIGNED	DATE SIGNED			
NOT	THIS FORM MUST BE SUBMITTED WITH THE AUTHORITY. (IF APPLICABLE)	PERMIT FEE (\$300), MAP OF AREA, AND APPROVAL OF LOCAL			